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ABSTRACT

Intended for use by health education professionals, teachers, parents and others interested in the health status and health risk behaviors of young persons in Maine, this report describes the results of three concurrent studies of adolescent health. Data were obtained by written and telephone surveys taken from parents and adolescents in Maine. Focus is placed on preventable health risks among Maine's public high school students and out-of-school adolescents. Results are presented in the following categories: (1) Sexual Behaviors; (2) Alcohol and Drug Use; (3) Tobacco Use; (4) Unintentional Injuries; (5) Violent Behavior; (6) Depression and Suicide; (7) Nutrition and Fitness; and (8) Access to Medical Care. Results lend support to the objectives and strategies developed in the Healthy Maine 2000 project. (SR)

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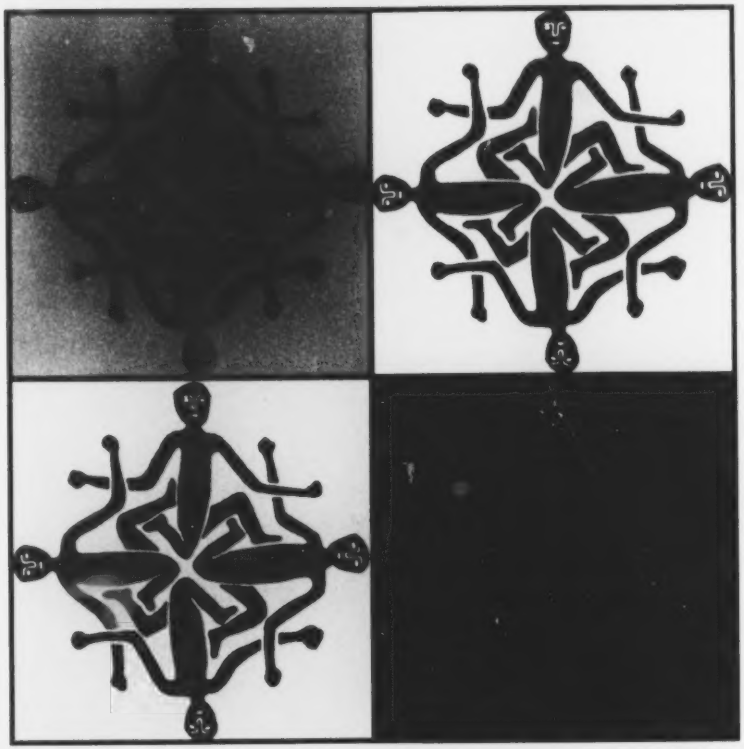
Health Risk Behaviors Among Maine Youth



Results of the 1993 Youth Risk Behavior and Out-of-School Youth Surveys

December, 1993

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Health Risk Behaviors Among Maine Youth

Results of the 1993 Youth Risk Behavior and Out-of-School Youth Surveys

Prepared for the Division of Maternal and Child Health
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December, 1993

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Additional information and data pertaining to this report may be obtained from the Division of Maternal and Child Health, Bureau of Health, Department of Human Services, State House Station 11, Augusta, Maine 04333.

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Introduction

This report describes the results of three concurrent studies of adolescent health conducted during 1993: the 1993 Youth Risk Behavior Study (YRBS), the 1993 Survey of Out-of-School Youth, and a series of focus groups conducted with parents and adolescents. In addition, selected findings from a telephone survey of a random sample of Maine parents are included where appropriate. The Edmund S. Muskie Institute of Public Affairs of the University of Southern Maine designed and conducted the survey of out-of-school youth, the focus groups, and the survey of parents, and analyzed the YRBS data and prepared this report under a competitively awarded contract with the Division of Maternal and Child Health, Maine Department of Human Services.

The YRBS data were collected by Pan Atlantic Consultants, Inc., of Portland, Maine, under an agreement with the Maine Department of Education, according to the design and protocols of the Centers for Disease Control, United States Department of Health and Human Services.

The information presented here is intended for use by health education professionals, social service providers, juvenile justice professionals, teachers and school administrators, parents, health care professionals, and others interested in the health status and health risk behaviors of young persons in Maine.

This report focuses on preventable health risks among Maine's public high school students and out-of-school adolescents, including substance abuse, unprotected sexual intercourse, unintentional injury, violent behaviors, and depression and suicide. Where appropriate, the report relates study findings to the goals and objectives of the Healthy Maine 2000 Project, which represents the collaborative efforts of the Bureau of Health, Maine Department of Human Services, and state and community health agencies and organizations throughout Maine.

Methodology

The Division of Maternal and Child Health contracted with the Survey Research Center of the Muskie Institute of Public Affairs to conduct a number of studies and analyze data related to child and teen health. These studies include: analyzing the Maine data in the Centers for Disease Control (CDC) Youth Risk Behavior Survey (YRBS) of Maine high school students; conducting among out-of-school youth a parallel study to the CDC study; conducting focus groups with parents and with adolescents; designing and conducting a telephone survey of a random sample of parents in Maine concerning childhood accidents and injuries; designing and conducting a survey of injury prevention information and training needs among health care and allied professionals; and designing and conducting a survey of health care and other professionals who work in violence prevention with children and teens.

High School Students: the Youth Risk Behavior Survey

The Centers for Disease Control (CDC) of the U.S. Department of Health and Human Services regularly conducts a national in-school survey of high school students, the Youth Risk Behavior Study (YRBS). The data are aggregated for analysis by the CDC at the national level, but the state-level data are made available for analysis by individual participating states, with all individual, school, and geographic identifiers removed.

The data for Maine were collected in the spring of 1993 by Pan Atlantic Consultants of Portland, Maine, the local contractor, through an agreement with the Maine Department of Education. Survey forms were completed by 2421 Maine students in English classes in grades 9 through 12 in 24 cooperating public high schools.

The CDC notes that because too few of the randomly sampled schools (24 of the 37 sampled schools) participated in the survey, results that were intended to represent students in grades nine through twelve statewide can reasonably be attributed only to those students who completed the survey. A sampling error cannot be calculated for the Maine data, which means that we cannot know the number of percentage points within which the data are presumed to be accurate. Because the CDC requires that geographic and school identifiers be removed to protect respondent and school confidentiality, we cannot validate the data

through comparison with objective counts such as the number of urban and rural locations or number of large and small schools. Nonetheless, the results provide an important description of the priority health-risk behaviors of the survey population.

The CDC has provided the data to the Muskie Institute for analysis. The CDC bears no responsibility for the analysis of the data, and the Muskie Institute bears no responsibility for the design of the study or the data collection.

Out-of-School Youth

Many high-school age students did not have an opportunity to be included in the YRBS study because its sample design depended on reaching students in public schools. As a way of presenting a picture of most of Maine's youth (and those across the United States), an in-school design is the most efficient way of getting information. However, Maine's Division of Maternal and Child Health needed information about out-of-school youth who would have had no chance to be included in the CDC study, and who may have serious health risk behavior problems. The Survey Research Center at the Muskie Institute was engaged to design and conduct a parallel study of school-age but out-of-school youth.

Although the health risks faced by out-of-school youth may be high, it is important to remember that the total number of youth out of school is relatively small. Data from the Maine Department of Education, Office of Truancy, Dropout and Alternative Education indicate that 1,795 students, or 2.8% of the total 62,872 pupils, left school without transferring during the 1991-92 academic year in Maine. In 1990, the U.S. Department of Education, Office of Educational Research and Improvement, reported that 8.4% of all 16 through 19 year olds in Maine were not graduates or currently enrolled in school when their census was conducted.

The sample of 200 out-of-school youth is a purposive sample, not a true scientific random sample. That is, efforts were made to locate as many out-of-school youth as possible, primarily through organizations that serve or house them. A wide variety of respondent recruitment sources from diverse geographic areas was used, but no claim is made for a true random sample's equal probability of selection. Respondents were drawn from alternative schools that would not have been included in the sampling frame for the CDC study, from shelters, from group homes, from non-school job training, from detention facilities, from street programs, from special programs for pregnant and parenting teens, from rehabilitation programs, and other sources.

Certain groups of out-of-school youth were not included in the search for respondents: for example, private school and home-schooled youth were not included, nor were youth in long-term health care facilities.

The respondents ranged in age from twelve through eighteen. Sixty percent of the respondents were male. Eighty-four percent of the respondents were Caucasian.

Focus Groups

To provide qualitative information about childhood accidents and injuries, health risk behaviors of adolescents and children, and parents' attitudes about issues affecting their children's health, twelve focus groups were held in the spring through fall of 1993. Six of these involved parents of children aged 0-9, 10-14, or 16-19; and six involved girls or boys aged 12-15 or 16-19. Groups were held in geographically diverse urban and rural areas throughout the state, and included out-of-school youth.

Survey of Maine Parents

Some of the topics in this report were addressed in a survey of Maine parents. Telephone interviews were conducted by the Muskie Institute's Survey Research Center in the summer of 1993 with a parent, grandparent, or other primary caregiver in 600 Maine households with children aged nineteen and younger. Households were selected through a random-digit-dialed sampling procedure. The study has a sampling error of ±4 percentage points at the 95 percent confidence level for a question answered by all 600 respondents. The question text, which focuses primarily on accidents and injuries, was developed by the Division of Maternal and Child Health and the Muskie Institute.

The results of the survey of parents are described in a separate report (forthcoming).

Sexual behaviors

that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy

Healthy Maine 2000 Goal:

Improve the health of teens and young adults and improve access to preventive and primary health care services.

Objective:

Reduce the pregnancy rate of 10- to 14-year-olds to 0 per 1000 females, the pregnancy rate of 15- to 17-year-olds to 35 per 1000 females and the pregnancy rate of 18- and 19-year-olds to a rate of 95 per 1000 females (Maine baseline: 0.9 per 1000 for 10- to 14-year-olds, 36.6 per 1000 for 15- to 17-year-olds and 95.3 per 1000 for 18- and 19-year-olds in 1991.[1] U.S. baseline: 71.1 per 1000 for 15- to 17-year-olds and 166 per 1000 for 18- and 19-year-olds in 1985).[2]

In 1991, 2,635 teens experienced pregnancy (about one teen in sixteen).[3] Of these teens, 1,819 gave birth. In 1985, Maine's adolescent birth rate was the highest among the New England states.[4]

Findings:

Over half (54%) of high school students have had sexual intercourse, including 24% of those aged 14 and under and 63% of those 17 years old; and 91% of out-of-school youth, including 74% of those aged 14 and under and 96% of those aged 17.

These are not infrequent encounters: within the three months before the survey was conducted, 38% of high school students and 77% of out-of-school youth had intercourse.

However, adolescents do not always use reliable methods of birth control. Only 73% of high school students and 55% of out-of-school youth reported using birth control pills, condoms, or another potentially reliable form of birth control the last time they had intercourse.

55% of high school students and 33% of out-of-school youth who were sexually active reported using a condom the first time they had intercourse.

6% of in-school females and 63% of out-of-school females have been pregnant at least once.

Some in-school youth report seeking health care for reproductive health: 13% of females say the reason they last visited a health professional was pregnancy or birth control. Among out-of-school youth, 30% of females last saw a health care professional for reasons related to reproductive health.

		% In-school		% Out-of-school	
Last-used method of birth control		Males	Females	Males	Females
	Never had intercourse	44	49	13	3
	No method used	7	6	29	38
	Birth control pills	10	15	9	11
	Condoms	29	21	38	30
	Withdrawal	7	6	5	7
	Some other method	1	1	1	10
	Not sure	1	1	4	1

		% In-school		% Out-of-school	
Number of times respondent had been pregnant or gotten someone pregnant		Males	Females	Males	Females
	0 times	94	94	65	37
	1	3	5	21	36
	2 or more times	1	1	9	27
	Not sure	2	<1	5	0

In Group Discussion...

In thinking about yourself and your closest friends, what percent would you say are sexually active?

Most of my friends.
More than 80%.
Kids use condoms because of pregnancy, not because of AIDS.

(In-school girls, aged 12-15)

Almost everyone is [sexually active].
The only thing kids are doing differently now is using condoms, not because of AIDS but because they don't want to get pregnant.

(In-school boys, aged 12-15)

Kids are more careful now and use condoms.
[Some kids] feel condoms don't provide protection.
Girls tend to be more concerned than guys.

(In-school girls, aged 15-19)

Most—80 to 90% —are sexually active.
AIDS has changed the way kids approach sex: you're not so quick to do something.
The way the media makes it out, it sound like kids are rabbits, but we aren't.

(Boys, aged 16-19)

Most everyone.
Pretty much all the kids [who are homeless] have boyfriends.

(Out-of-school girls, aged 14-19)

There are strong perceptions among teens that almost all teens are sexually active, and that attitudes toward sex have changed because of AIDS. Nevertheless, especially among girls, condoms are used more to prevent pregnancy than to prevent AIDS. Girls who apparently weren't sexually active seemed embarrassed to admit they are not. Among some girls, especially the out-of-school girls, there was a certain amount of bravado expressed by those who said they don't care if they become pregnant. There was considerable agreement that girls have to take responsibility for birth control, including condoms.

Alcohol and Drug Use

Healthy Maine 2000 Goal:

Reduce morbidity and mortality related to alcohol and drug use through change in the social and cultural climate.

Objective:

Reduce fatality rate of alcohol-related motor vehicle crashes by 10% from current three-year average (1990-1992) of 1.79 per 100 million vehicle miles.[5]

Approximately 38,000 Maine adolescents are at risk of alcohol and drug problems, school failure, unwanted pregnancy, and/or delinquency.

Findings:

High school students use alcohol, even though it is illegal for them to do so. Half of male (50%) and female (49%) high school students drank alcohol on at least one occasion (not including a sip for religious purposes) during the month prior to the survey. Almost one in four (24%) of female students drank alcohol on at least three days in that month, as did 29% of the male students.

For some students, one drink may be experimentation. However, many students drank more heavily than that. One quarter (25%) of all female high school students, and one-third (32%) of all male students, drank five or more drinks in a row—within a couple of hours —on at least one day during the month before the study was conducted. Eight percent of female students and 18% of male students drank five or more drinks in a row on at least three days during that period, and 3% of all students drank at least five drinks in a row on ten or more days.

Almost twice as many out-of-school males (62%) as in-school males (32%) drank heavily on at least one day in the past month.

Five percent of female students and eight percent of male students reported that they drank alcohol on at least one occasion in the past month on school property.

Percent of respondents saying they...	% In-school		% Out-of-school	
	Males	Females	Males	Females
Drank alcohol on at least one day in the past 30 days	50	49	68	56
Drank 5 or more drinks in a row on at least one day	32	25	62	44
Drank on school property	8	5	—	—
Rode in a vehicle with a driver who had been drinking	33	29	45	41
Drove a car when s/he had been drinking	15	7	25	16

In Group Discussion...

Drinking situations were sometimes mentioned in discussion of incidents that had made the teens uncomfortable and in which they didn't know what to do:

Drinking a lot of alcohol and passing out.

Drinking and driving.

Drinking and driving —it happens all the time.

My grandfather gave me a drink of alcohol: I should have pushed it away.

(Adolescents)

I'm worried about my kids driving around at night with beer in the car, but I don't know what you can do about it.

(Parent)

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Drug use

Findings:

About one-third of high school students have tried marijuana, and about 12% seem to use it fairly regularly (three or more times a month). Out-of-school youth are much more likely to have tried it (84% have done so), and to use it regularly (48%). Use is highest among out-of-school teenage males, one-third (34%) of whom use marijuana twenty or more times a month.

Cocaine use is relatively rare among high school students in Maine, although 8% of current students have tried it, and about half of those who had tried it had used it during the month before the study was done. About one-third of out-of-school youth, both male and female, have tried cocaine, and slightly less than half of those used it during the past month.

Taking illegal drugs by injection is relatively rare among high school youth: 3% of males claim to have injected drugs, and only 1% of females. However, 15% of out-of-school males have injected drugs, as have 4% of out-of-school females.

Apparently, drugs are readily available, even at school: one-third of high school males and 19% of females say they have been offered, sold, or given illegal drugs on school property during the past year.

In the telephone survey of 600 Maine parents, 23% of the parents said in response to an introductory open-ended question that the biggest threat to the health of Maine's children today is substance abuse.

Percent of all respondents who have:		% In-school		% Out-of-school	
		Males	Females	Males	Females
	Tried marijuana	39	32	82	88
	Used marijuana in past month	23	15	68	51
	Tried cocaine	8	4	35	33
	Used cocaine in past month	4	2	17	14
	Taken illegal steroids	7	3	13	9
	Ever injected an illegal drug	3	1	15	4
	Been offered, sold, or given an illegal drug on school property	31	19	—	—

In Group Discussion...

[The biggest threat to children's health is] getting into drugs. I know some kids who started using drugs in elementary school.

(Parent of a child aged 10-14)

I'd like to know more about alcohol and drugs, and how we parents can have a support system that helps us deal with our children's drinking and using drugs.

(Parent of a child aged 16-19)

[My] friends were high on drugs [and] wanted to drive off a cliff. I took the steering wheel.

(Female high school student aged 15-19)

Tobacco use

Healthy Maine 2000 Goal:

Reduce death and disability due to tobacco use among Maine citizens and eliminate involuntary public exposure to environmental tobacco smoke.

Objective:

Reduce the prevalence of cigarette smoking to no more than 15 percent among Maine citizens age 20 and older, and totally eliminate public involuntary exposure to environmental tobacco smoke.

In 1989, 23.1% of high school seniors in Maine were current smokers. In 1987, smokeless tobacco was used by 7.8% of ninth grade boys and 8.3% of twelfth grade boys.[6]

Findings:

Approximately one-third (32%) of high school students smoked on at least one day in the month before the data were collected. Considerably fewer, 15%, smoked every day during that month. Male students smoke more heavily, and more frequently, than female students, but not by a great margin. One in five high school students tried to quit in the past six months: 64% of male smokers and 56% of female smokers tried to quit.

Chewing tobacco (Redman, Levi Garrett, Beechnut) and/or snuff (Skoal, Skoal Bandits, Copenhagen) are used by 19% of male high school students, and by 2% of female students.

Out-of-school youth are heavy and frequent tobacco users. Eight out of ten (79%) smoked on at least one day in the past month; and 62% of the out-of-school youth smoked on all thirty days of that month, while 15% of all in-school youth smoked on all thirty days.

While 9% of in-school students smoked eleven or more cigarettes a day, 52% of out-of-school youth smoked that much.

Small stores are by far the most frequent source of cigarettes for both in-school and out-of-school youth.

Chewing tobacco and/or snuff are only slightly more popular among out-of school youth than among those in school.

Percent of all respondents who...		% In-school		% Out-of-school	
		Males	Females	Males	Females
	Ever smoked regularly	34	28	81	82
	Had started smoking regularly by age 13 or 14	24	18	78	70
	Did not smoke at all last month	67	68	22	19
	Smoked on all 30 days last month	17	12	60	66
	Smoked more than five cigarettes per days, on days they smoked	17	11	71	69
	Smoked on school property	18	14	—	—
	Tried to quit during last six months	19	22	—	—
	(Percent of smokers who ever tried to quit)	(64)	(56)		
	Used chewing tobacco and/or snuff in past 30 days	19	2	25	7

In Group Discussion

Tobacco use was not an explicitly addressed topic in the focus groups, and not one parent mentioned it as a threat to the health of children. The parents of younger children talked about kidnaping, child abuse, and illegal drugs; while parents of older children frequently mentioned AIDS, alcohol, and driving.

Likewise, only a few adolescents mentioned smoking as unhealthy, or quitting or not starting as healthy behaviors.

Unintentional injuries

Healthy Maine 2000 Goal:

Reduce the rate of injuries to Maine residents.

Nearly 70% of all child deaths between the ages of 1-19 result from injuries.[7]

Findings:

Seatbelt and helmet use

29% of all high school students always wear a safety belt in a passenger vehicle; 11% never do so.

11% of all out-of-school youth always wear a safety belt; 24% never do.

32% of all high school students rode on a motorcycle in the past year; 39% of those always wore a helmet; 31% never did.

52% of out-of-school youth rode a motorcycle; 22% of those always wore a helmet; 36% never did.

78% of all high school students rode a bicycle in the last year; of those, 2% always wore a helmet; 92% never did.

Percent of all respondents who:

	% In-school		% Out-of-school	
	Males	Females	Males	Females
Always wear a seatbelt	24	33	14	7
Never wear a seatbelt	16	6	26	22
Ride a motorcycle	40	25	57	45
Percent of riders who always wear a helmet	34	45	20	26
Percent of riders who never wear a helmet	32	28	36	35
Ride a bicycle	82	74	—	—
Percent of riders who always wear a helmet	1	2	—	—
Percent of riders who never wear a helmet	90	94	—	—

In Group Discussion...

The biggest threats to child health are:

Accidents, like falling down or being run over, or burns.
Toxins from the local incinerator.
School bus accidents—no safety belt requirement.
Guns, accidental shooting.
Violence on television.

(Parents of children aged 1–9)

Sports injuries, like playing soccer or football, or just running or tripping.
Scrapes and broken bones from trying to do something to impress the other kids, like hanging from a tree or riding a bike with no hands.

(Parents of children aged 10–14)

About safety belts:

I don't like to [wear it]—it's too uncomfortable.
I don't want to die, but I don't like wearing it.
I wear a seatbelt when I'm driving with my parents or my [older] sister, but not when I'm driving with my friends.

(Adolescent females, aged 12–15)

I don't want to wear a seatbelt, but my parents are pretty strict about it.
I wear a helmet when I'm driving my ATV.
Bicycle helmets look weird and feel uncomfortable.

(Adolescent boys, aged 12–15)

I'd wear a decent-looking [bicycle] helmet if I had one.

(Boy, older teen)

There's a 50-50 chance of dying with or without a seat belt on, anyway.

(Out-of-school boy, aged 15–19)

Both male and female adolescents were unlikely to wear safety belts, for a variety of reasons. The most frequently cited were restriction of movement and general discomfort. Some of the teens felt that safety belts would not protect them from injury. From some of the less explicit comments, it was apparent that their general view was that safety belts are for "wimps," and most admitted to wearing them only when an adult was in the car.

Violent behavior

Healthy Maine 2000:

Reduce by 10% the death rate from intentional injuries (homicide, suicide) for 15-19 year olds to no more than 15 deaths per 100,000 individuals (Maine baseline: 16.94 per 100,000 in 1988 for 15-19 year olds).[8]

Objective:

Reduce by 15% injury rates caused by violence (Maine baseline: 2,748 male/female assaults; 231 parent/child assaults in 1989 and 1990).[9]

Findings:

Fighting

40% of high school students and 71% of out-of-school youth reported having been in a physical fight at least once within the past year.

5% of in-school youth, and 24% of out-of-school youth had to be professionally treated for injuries incurred in fights within the last year.

16% of high school students were in a physical fight on school property during the past year.

In-school boys were more likely to have been in a physical fight in the past year (48%) than girls (32%).

The likelihood of being in a physical fight did not vary appreciably by age.

Carrying and using weapons

21% of students and 39% of out-of-school youth reported having carried a weapon such as a gun, knife or club during the past month.

7.5% of students and 19% of out-of-school youth reported that they carried a gun in the past month.

12% of students reported carrying a weapon on school property on at least one day during the past month.

Of those students who carried weapons on school property, 55% carried weapons on six or more days.

5% of students said that they did not go to school on at least one day in the past month because they felt they would be unsafe at or on the way to or from school.

8% of students reported being threatened or injured with a weapon on school property at least once during the past year.

The proportion of teens carrying a gun does not vary greatly by age.

48% of Maine's households with children have firearms in the house, according to the parents interviewed in the telephone survey. In 3% of the gun-owning households with children, the guns are kept loaded; in 38% of the gun-owning households with children, the guns are not kept in a locked place and do not have trigger locks.

Percent of all respondents who have:		% In-school		% Out-of-school	
		Males	Females	Males	Females
	Been in a physical fight in the past year	48	32	79	59
	Been injured in a fight and needed treatment	7	3	32	14
	Carried a weapon during the past month (gun, knife, club)	37	7	52	20
	Carried a gun	13	2	27	5

Depression and suicide

Healthy Maine 2000 Goal:

Reduce the disruptive and debilitating effects of serious emotional disturbances in youth and serious mental illness and mental disorders in adults in Maine.

"Multiple problems are ... often evident among youth with serious emotional disturbances: substance abuse, criminal justice involvement, severe medical problems, suicide, elevated school drop-out rates, etc. ... A mental health system should make community services and supports available and accessible while actively involving the individual and family (as appropriate) ... Approximately 14,000 children, ages 6-20, have severe emotional disturbance."[10]

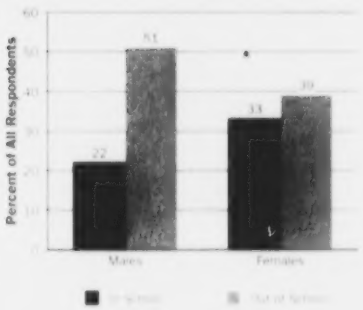
In Maine between 1989 and 1991, the latest years for which data are available, suicide was the cause of death of 43 young persons aged 15 through 19. [11]

Findings:

Many Maine youth have been so unhappy during the past year that they have contemplated, and attempted, suicide: 28% of high school students and 46% of out-of-school youth seriously thought about suicide during the past year, and slightly more than one in ten (11%) of high school students and slightly more than one in four (26%) of out-of-school youths actually made a suicide attempt.

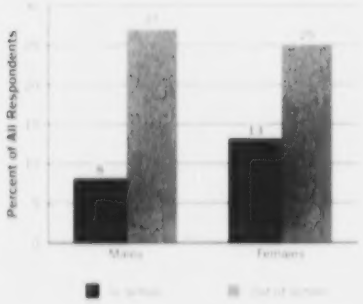
These attempts were serious: 36% of high school students and 48% of out-of-school youths who actually tried suicide were so injured in their attempts that they needed professional treatment.

Percentage of respondents who seriously considered attempting suicide in the past year:



Age	% In school	% Out-of-school
≤14	23	48
15	31	50
16	28	39
17	26	48
≥18	28	44

Percentage of respondents who actually attempted suicide in the past year:



Age	% In school	% Out-of-school
≤14	8	48
15	12	28
16	10	21
17	11	24
≥18	26	21

In Group Discussion...

Have you ever felt really depressed for a long period of time?

Yes, pretty much all the time.
Everything is just depressing, life is depressing.
Sure. I thought about suicide lots.

(Out-of-school adolescent girls)

Yes. I feel sometimes like I have to get away from it all, like I want to just run away.

When I broke up with my boyfriend I didn't want to see anyone else for weeks.

All I want to do is sleep when I get really depressed.

Most of my friends and my family are really down a lot of the time so why shouldn't I be down too?

(Adolescent girls, aged 12–15)

What did you do?

[I] broke a bottle of Jack Daniels over my head.

Sliced up my arms.

Got really scared.

Played basketball.

Talked to people.

(Out-of-school adolescent boys)

Who can you talk to?

Not my parents—they ask too many questions: who, what, where, when, and why: and then they use it against you.

Close friends, they don't judge you.

I write it down on a piece of paper, then burn it.

(In-school adolescent boys)

Friends.

Parents—although when I talk to my mom about 'boy problems,' she just laughs.

Guidance counselor.

Teachers at school, about some problems.

(In-school adolescent girls)

Boyfriend.

Counselors, but you can't trust all of them.

Teachers or school counselors will just tell you what to do.

(Out-of-school girls, aged 14–19)

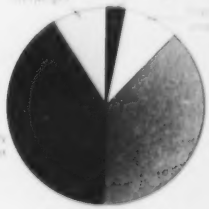
Most of the teens in focus groups admitted they had been depressed or "down," some for long periods of time. Several stated they had contemplated suicide. Females were much more likely to identify sources of help or support, while males had difficulty discussing their emotional state with others, and were more likely to seek solutions in physical activity or violence.

Nutrition and fitness

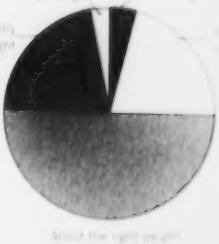
65% of female students say they are trying to lose weight; 29% of boys say they are trying to gain weight, while 27% say they are trying to lose.

At any one time, one-third (32%) of high school girls are actively trying to lose weight by both dieting and exercising, while 11% are just dieting and 32% are just exercising. High school boys are more likely to rely on exercise alone: 23% are exercising; 4% are dieting, and 9% are combining diet and exercise.

Proportion thinking of themselves as:



In-school Girls



In-school Boys

On the day before the questionnaire was administered in the high schools:

- 63% drank fruit juice
- 26% ate green salad
- 54% ate cooked vegetables
- 39% ate hamburger (13% of boys ate hamburger twice or more)
- 50% ate French fries (14% of boys ate them twice or more)
- 61% ate cookies

Throughout the week before the questionnaire was administered in the high schools:

- 16% of girls and 12% of boys had no strenuous exercise
- 17% of girls and 31% of boys had strenuous exercise on all seven days
- 70% of girls and 66% of boys walked or bicycled for at least 30 minutes; 12% of girls and 15% of boys did so on all seven days.

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Access to medical care

Healthy Maine 2000 Goal:

Improve the health of teens and young adults and improve access to preventive and primary health care services.

Findings:

Among out-of-school males, the most frequent reason for the last visit to a health care professional was for treatment of an injury; for female out-of-school youth, it was for reproductive health (birth control, pregnancy test, or sexually transmitted disease).

A physician's office (56%) or family practice center (15%) is the primary source of medical care for high school students. Out-of-school youth usually go to a physician's office (34%), 20% to a family practice center, and 23% (33% of males) to a hospital emergency room.

The preferred sources of care for students are physician's office/family practice center (78%), and hospital emergency room or urgent care clinic (9%). Out-of-school youth would prefer a physician's office (55%), or emergency room/urgent care clinic (21%).

7% of in-school females and 13% of out-of-school females would most prefer to get medical care at a family planning clinic.

Access to medical care

	% In-school		% Out-of-school	
	Males	Females	Males	Females
Saw health professional in past year	74	83	65	88
Needed care but didn't get it in past year	30	26	43	38
Cost is barrier to care	12	9	12	14
Know where to get care now	94	90	86	97

In Group Discussion...

Do you remember the last time you had to go to the doctor? Since the last time, have you wanted to go for some kind of service but you didn't? What were the reasons?

Couldn't afford it on my own, and my parents didn't have the money to pay for it.
I hardly ever go to the doctor except when it's something really bad.
I don't want my parents to know, so I can't go to the doctor by myself—he'd tell my parents.

(Adolescent girls, aged 12-15)

[I] had a hockey injury that I didn't want my parents to know about, so I didn't go to the doctor.
I wanted braces but my parents couldn't afford them.

(Adolescent boys, aged 12-15)

Not a problem [I could go to a doctor].
Afraid my parents would find out.

(Girls, aged 15-19)

No transportation—my mother couldn't take me.
My doctor wouldn't let me go to a chiropractor.
[If I went to a doctor] my coach wouldn't let me play in the game. It would be like admitting a weakness.

(Boys, aged 16-19)

Don't trust doctors.
Doctors don't do anything for you.
Couldn't afford it.
[I'd be] embarrassed.
No confidentiality.

(Out-of-school boys, aged 15-19)

Most, but not all, adolescents express concern about issues of confidentiality in getting medical care, especially from doctors. Doctors are seen as someone people go to in the event of a crisis, and as a result, they may want to delve into other parts of patients' lives. The two major reasons identified by adolescents as reasons they do not get care are the costs of securing care and a perception that doctors will contact parents to discuss the nature of the visit.

Conclusions

Maine youth engage in behaviors that put their immediate, and future, health at risk. Physical and mental health problems are reported by many students in Maine's high schools, and occur with even greater frequency among out-of-school youth.

These results lend support to the objectives and strategies developed in the Healthy Maine 2000 project, which emphasize the need to increase the accessibility of in-school and community-based health risk prevention programs and services for teens, to increase professional awareness of the special health needs of adolescents, to increase education for families and the general public concerning children's health care needs, and to implement systematic and integrated methods of collecting and tracking data concerning child, adolescent, and young adult health.

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